

A) Business Plan details Phase 1

Team name: _____ **Team ID:** _____

This business idea is to be assigned to the following sector:

The business idea presented here deals with:

- Production Service Research/Development
 Other: _____

Brief description of the business idea (max 390 characters):

Does the business plan describe a company which already exists?

- No Yes (founded on (DD.MM.YY): _____ in _____)
 Business registration (Gewerbeanmeldung)
 Entry in the register of companies (Handelsregistereintrag)

Are you intending to set up a spin-off from an existing company with a different range of products or manufacturing or sales processes?

- No Yes

Have you taken part in any other founders' or business plan contest?

- No Yes (Contest/Year: _____)
(Prizes: _____)

I confirm the correctness of the statements made here and ensure that the ideas submitted here are the product of our founders' team.

Place, Date

Signature of team contact person
(see Form C for definition of contact)

B) Description of the procedure and information pursuant to Title 12 of the Data Privacy Act, North-Rhine Westphalia

The business plan you submit will be forwarded by **start2grow**, (without these forms or the résumés attached by you i.e. without any reference to your person) to the expert assessors. **start2grow** will also forward the executive summary – also without reference to your person – to investors for preparation of a brief analysis. This makes it possible for you to receive an anonymous assessment from the expert assessors if your business plan contains no person-related details. The contents should include (e.g. as part of “Management” and “Key positions”) details of age, professional career, experience and competences, but person-related details such as name, address etc do not have to be entered. It is your decision as to whether you submit a business plan which includes person-related details or one which is in an anonymous form.

Following the completion of the experts’ evaluation, **start2grow** will inform the expert of the names and addresses for the founders’ team in order to take up contact. You will receive personal feedback from the expert assessor; this feedback is to provide individualized suggestions for optimizing your business plan.

Based on the evaluations of the business plans according to uniform criteria, **start2grow** will forward to the jury those business plans receiving the highest evaluations and the names of the persons in the founders’ team. Only in Phase 2 of the Founders’ Contest will the founders’ teams be invited to present their business idea in person at a jury meeting.

The jury will make the final decision on the awarding of contest prizes. The prizes will be presented in the context of a public **start2grow** event. Information about the prizewinners (name and address for the team’s contact person as well as the brief description of the business idea) will be forwarded by **start2grow** to the media and will also be published at the www.start2grow.de website.

If you wish to be contacted for further support of your project, you can check the boxes below, giving your consent for **start2grow** to forward your address and brief description of your business idea to the following recipients.

Consent to forwarding to:

Yes No **start2grow** network partners (enquire at **start2grow** for names).

I have read and understood the information on data privacy and the procedures which are components in the Founders’ Contest. I have noted in particular the fact that forwarding as described above (to **start2grow** network partners) requires my express permission by checking the appropriate box above.

Place, Date

Signature of team contact person
(see Form C for definition of contact)

C) Founders' team

Team name: _____ Team ID: _____

Team contact person*:

(The contact person is the individual responsible to start2grow for all matters associated with the founders' team and thus is responsible for the correctness of the information and completeness of documents as shown in the checklists given above.)

Ms

Mr

Title: _____

Family name, first name: _____

Date of birth (DD.MM.YYYY): _____

Street address: _____

Post code/Town: _____

Phone (private): _____

Phone (mobile): _____

Phone (business): _____

Fax (private): _____

Fax (business): _____

E-mail: _____

Occupation: _____

College, department/employer: _____

(as applicable) _____

Place, Date

Signature

* Please enclose a brief résumé in tabular form.

C.1) Founders' team (continued)

Team name: _____ **Team ID:** _____

Team member*:

Ms

Mr

Title: _____

Family name, first name: _____

Date of birth(DD.MM.YYYY): _____

Street address: _____

Post code/Town: _____

Phone (private): _____

Phone (mobile): _____

Phone (business): _____

Fax (private): _____

Fax (business): _____

E-mail: _____

Occupation: _____

College, department/employer: _____

(as applicable) _____

Place, Date

Signature

*** Please enclose a brief résumé in tabular form.**

Note: Please copy and complete this form C.1 for each additional team member.

D) Feedback Phase 1

Team name: _____ Team ID: _____

Have you been working with a mentor from the start2grow network in Phase 1?

No Yes

If yes, with whom? _____

Please assess your mentor according to the following statements.

(This assessment of your mentor is only for internal use by start2grow. It is not intended to be forwarded to the mentor. However, you are welcome to give your mentor feedback personally.)

	agree		disagree	
Work with the mentor is running successfully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The mentor is easy to reach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of the advice is good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The scope of the advice is appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The mentor is a link to the other experts in the start2grow network.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other comments (max 390 characters):

D.1) Feedback Phase 1 continued

Team name: _____ Team ID: _____

What is your personal assessment of the start2grow Founders' Contest? Please assess the following statements.

	agree		disagree	
All important information about start2grow is available on the website.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Business Plan Manual is useful as a guideline for compiling the business plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/we use the Online Coaching Area regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The start2grow events are helpful for startups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The presentations/speakers impart essential knowledge about the individual aspects of founding a company.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will use the start2grow network after the contest has finished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/we feel well cared for by the start2grow team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggested improvements and comments (max. 39 characters):